

## **UTILITY PATENT APPLICATION TRANSMITTAL**

■ DUPLICATE

Address		ΕΝΤ ΔΡΡ	LICA	TION	Attorney Dock	et No.	С	HUN3061/EM		
Box PATENT APPLICATION Commissioner of Patents					First Named I	nventor	T	ai-Ling CHUNG		
P.O. Box 1450 Alexandria, VA 22313-1450					Total Pages		41			
Transmitted herewith is a patent application under 37 CFR 1.53(b).										
Enti	tled:		ng Device For Light Valve							
×	1.	Submitted herewith are the following:								
		7 pages of specification, including claims and Abstract. 4 sheets of FORMAL drawings (Figs. 1, 2, 3, 4A, 4B, 5). 7 claims. 1 Oath/Declaration signed by each inventor. 1 Application Data Sheet. 1 Assignment of the invention to Young Optics Inc., Hsinchu, Taiwan, R.O.C., Cover Sheet, and payment of the \$40 recordal fee. 1 certified copy of Taiwan application no. 091219081. Priority is claimed. 1 check in the amount of \$790 (\$750- Filing Fee; \$40- Assignment Recordation Fee).								
	2.	SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.								
×	3.	The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.								
	4.	Insert before the first sentence of the specification: This application claims the benefit of provisional application number filed								
	5.	Insert before the first sentence of the specification: - This application is a Continuation-in-part of nonprovisional application number filed								
	6.	Other:								
The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.										
THE FILING FEE IS CALCULATED AS FOLLOWS:								Basic Fee:	\$750.00	
Total Claims:			7	- 20 =		0	$\dashv$	X \$18 =	\$0.00	
Independent Claims:			1	- 3 =		0		X \$84 =	\$0.00	
Correspondence Address: BACON & THOMAS, PLLC 2336					4	Multiple C	Multiple Dependent Claim (add \$280.00):		\$0.00	
		Lane, 4 <sup>th</sup> Fl VA 22314-		OOT CUSTOMER NUMBER			Subtotal:			
Alexai	iuna,	VA 22014					50% Reduction if Small Entity Status:			
Phone	e: 703	-683-0500		Fax: 70	Fax: 703-683-1080		Total:		\$750.00	
Date:			Name:				Signature:		Reg. No.	
September 9, 2003			Eugene Mar			0			25,893	